

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number <b>09/185,208</b>		
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			
BASIC FEE (37 CFR 1.15(a))					\$ _____	OR		
TOTAL CLAIMS (37 CFR 1.15(c))		minus 20 =		X \$ _____ =		OR	X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.15(b))		minus 3 =		X \$ _____ =		OR	X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =	
				TOTAL		OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.								
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	9	Minus	20	=	X \$ _____ =	OR	X \$ _____ =
	Independent (37 CFR 1.16(b))	4	Minus	6	=	X \$ _____ =	OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	9	Minus	20	=	X \$ _____ =	OR	X \$ _____ =
	Independent (37 CFR 1.16(b))	4	Minus	6	=	X \$ _____ =	OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	9	Minus	20	=	X \$ _____ =	OR	X \$ _____ =
	Independent (37 CFR 1.16(b))	4	Minus	6	=	X \$ _____ =	OR	X \$ _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/185208

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	14	20	
Independent (37 CFR 1.16(b))	5	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	14	20	
Independent (37 CFR 1.16(b))	5	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	15	20	
Independent (37 CFR 1.16(b))	6	5	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$ 84	= 84
+ \$	=
TOTAL ADD'L FEE	84

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/185,208

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	14 minus 20 =	
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	790.00
x\$22=	
x82=	164
+270=	
TOTAL	954

\* If the difference in column 1 is less than zero, enter "0" in column 2

6/17/99

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	20	X
Independent	5	5	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

8/18/00

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	20	X
Independent	5	5	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

TOTAL  
ADDIT. FEE

OR

OR

OR

OR

TOTAL  
ADDIT. FEE

12/14/00

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	20	X
Independent	5	5	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

TOTAL  
ADDIT. FEE

OR

OR

OR

OR

TOTAL  
ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.